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SERIAL NUMBER 10/726,878	FILING OR 371(c) DATE 12/02/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. PC26098A
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** CONTINUING DATA ***** This appln claims benefit of 60/433,491 12/13/2002 ✓ mb				
** FOREIGN APPLICATIONS ***** NONE mg ✓				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/03/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		STATE OR COUNTRY MI	SHEETS DRAWING 1	TOTAL CLAIMS 14
Verified and Acknowledged <u>Michael Staffer mb</u> Examiner's Signature Initials		INDEPENDENT CLAIMS 2		
ADDRESS 28523				
TITLE Method of treatment for sexual dysfunction				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	